

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<b>Attorney D c k t N .</b>		<b>0156-P02889US01</b>	
		<b>First Nam d Inv nt r</b>		<b>TERRELS, Christ pher J.</b>	
		<b>Title</b> <b>POST AND RAILING CONSTRUCTION</b>			
		<b>Express Mail Label No.</b>		<b>EV 327964806 US</b>	
		<b>Date Mailed: 08/01/2003</b>			

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.		<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)  2. <input checked="" type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27  3. <input checked="" type="checkbox"/> Specification (Total Pages [ 21 ] ) (preferred arrangement set forth below)  - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure  4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) (Total Sheets [ 20 ] )  5. <input checked="" type="checkbox"/> Oath or Declaration (Total Pages [ 2 ] )  a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)  i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  6. <input type="checkbox"/> Application Data Sheet See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on <input type="checkbox"/> CD-ROM or CD-R (2 copies); or <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies  <div style="border: 1px solid black; padding: 5px;"> <b>ACCOMPANYING APPLICATION PARTS</b>          9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))          10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney                (when there is an assignee)          11. <input type="checkbox"/> English Translation Document (if applicable)          12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of Citations          13. <input type="checkbox"/> Preliminary Amendment          14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)                (Should be specifically itemized)          15. <input type="checkbox"/> Certified Copy of Priority Document(s)                (if foreign priority is claimed)          16. <input type="checkbox"/> Request and certification for non-publication                under 35 U.S.C. 122          17. <input type="checkbox"/> Other: _____       </div>
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#### PRIORITY APPLICATIONS

This application claims priority to the following application(s), each of which is hereby incorporated herein by reference.

**U.S. Provisional Applications:**      **60/400,294 filed August 1, 2002**

#### CORRESPONDENCE ADDRESS

Please address all correspondence to **Customer Number 000110** to the attention of Christopher A. Rothe or Henry H. Skillman

  
 \_\_\_\_\_  
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Phone (215)563-4100  
 Fax (215)563-4044

22151 U.S. PTO  
 10/632778  
 08/01/03

<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 10px;"> 08/01/03 13049 U.S. PRO </div> <div style="text-align: center;"> </div> <div style="margin-left: 20px;"> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> </div> </div>	Complete if known	
	Application Number: Not Assigned	
	Filing Date: Concurrently Herewith	
	First Named Inventor: TERRELS	
	Group Art Unit:	
Examiner Name:		
Total Amt. of Payment: (1)+(2)+(3)= \$477		Attorney Docket Number: 0156-P02889US01

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																						
<p>1. The Commissioner is hereby authorized to:</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Charge indicated fees  <input checked="" type="checkbox"/> Charge additional fees  <input checked="" type="checkbox"/> Credit overpayments </p> <p style="margin-left: 40px;">to the account of DANN, DORFMAN, HERRELL &amp; SKILLMAN</p> <p style="margin-left: 40px;">Deposit Account Number <u>04-1406</u></p> <p>2. Payment enclosed:</p> <p style="margin-left: 100px;">Check in the amount of <u>\$477</u></p>	<p><b>ADDITIONAL FEES</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; font-size: small;">Fee Description</th> <th style="text-align: right; font-size: small;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>Surcharge-late filing fee or oath</td><td style="text-align: right;">_____</td></tr> <tr><td>Surcharge - late provisional filing fee or cover sheet</td><td style="text-align: right;">_____</td></tr> <tr><td>Extension for response within first month</td><td style="text-align: right;">_____</td></tr> <tr><td>Extension for response within second month</td><td style="text-align: right;">_____</td></tr> <tr><td>Extension for response within third month</td><td style="text-align: right;">_____</td></tr> <tr><td>Extension for response within fourth month</td><td style="text-align: right;">_____</td></tr> <tr><td>Notice of Appeal</td><td style="text-align: right;">_____</td></tr> <tr><td>Filing a brief in support of an appeal</td><td style="text-align: right;">_____</td></tr> <tr><td>Request for oral hearing</td><td style="text-align: right;">_____</td></tr> <tr><td>Petition to revive unavoidably abandoned application</td><td style="text-align: right;">_____</td></tr> <tr><td>Petition to revive unintentionally abandoned application</td><td style="text-align: right;">_____</td></tr> <tr><td>Issue fee</td><td style="text-align: right;">_____</td></tr> <tr><td>Petitions to the Commissioner</td><td style="text-align: right;">_____</td></tr> <tr><td>Petitions related to provisional applications</td><td style="text-align: right;">_____</td></tr> <tr><td>Submission of Information Disclosure Stmt.</td><td style="text-align: right;">_____</td></tr> <tr><td>Recording each patent assignment per property</td><td style="text-align: right; text-align: center;">0</td></tr> <tr><td>Other fee (specify) <u>Advance Order (10 copies)</u></td><td style="text-align: right;">_____</td></tr> <tr> <td style="text-align: right; font-weight: bold; font-size: small;">SUBTOTAL (3)</td> <td style="text-align: right; font-size: small;">\$0</td> </tr> </tbody> </table>	Fee Description	Fee Paid	Surcharge-late filing fee or oath	_____	Surcharge - late provisional filing fee or cover sheet	_____	Extension for response within first month	_____	Extension for response within second month	_____	Extension for response within third month	_____	Extension for response within fourth month	_____	Notice of Appeal	_____	Filing a brief in support of an appeal	_____	Request for oral hearing	_____	Petition to revive unavoidably abandoned application	_____	Petition to revive unintentionally abandoned application	_____	Issue fee	_____	Petitions to the Commissioner	_____	Petitions related to provisional applications	_____	Submission of Information Disclosure Stmt.	_____	Recording each patent assignment per property	0	Other fee (specify) <u>Advance Order (10 copies)</u>	_____	SUBTOTAL (3)	\$0
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<p>2.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 5%;"></th> <th style="width: 5%; text-align: center;">Paid</th> <th style="width: 5%;"></th> <th style="width: 5%; text-align: center;">Extr</th> <th style="width: 5%;"></th> <th style="width: 5%; text-align: center;">Fee</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">22</td> <td style="text-align: center;">-20</td> <td style="text-align: center;">=</td> <td style="text-align: center;">2</td> <td style="text-align: center;">x 9</td> <td style="text-align: center;">= 18</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">5</td> <td style="text-align: center;">-3</td> <td style="text-align: center;">=</td> <td style="text-align: center;">2</td> <td style="text-align: center;">x 42</td> <td style="text-align: center;">= 84</td> </tr> <tr> <td colspan="7" style="padding-top: 10px;"> Multiple Dependent (First presentation) </td> </tr> <tr> <td style="text-align: right; font-weight: bold; font-size: small;">SUBTOTAL (2)</td> <td colspan="6" style="text-align: right; font-size: small;">\$102</td> </tr> </tbody> </table>				Paid		Extr		Fee	Total Claims	22	-20	=	2	x 9	= 18	Independent Claims	5	-3	=	2	x 42	= 84	Multiple Dependent (First presentation)							SUBTOTAL (2)	\$102								
		Paid		Extr		Fee																																	
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Independent Claims	5	-3	=	2	x 42	= 84																																	
Multiple Dependent (First presentation)																																							
SUBTOTAL (2)	\$102																																						

Submitted By:

Typed or

Printed Name Christopher A. Rothe

Reg. Number 54,650

Signature

Date 8/1/03

Deposit Account User ID

04-1406